

DOCKET NO. 04-191

ORDER DATED <u>10/8/04</u>
FCC <u>04M-31</u>
MIMEOGRAPH NO.

04-191

CERTIFIED

MAIL

RETURN

RECEIPT

REQUESTED

NAME: * 04-191

San Francisco Unified School
District

500 Mansell Street

San Francisco, CA 94134

C. R. R. NO.

BY

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ <u>1.60</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.65</u>



Sent to SAN FRANCISCO School
Street, Apt. No.,
or PO Box No. 500 MANSSELL ST.
City, State, ZIP+4 SAN FRANCISCO, CA 94134

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

* 04-191
San Francisco Unified School
District
500 Mansell Street
San Francisco, CA 94134

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <u>Nicole Sawyer</u>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7002 0510 0003 8378 8464

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952